



TOWN OF BREWSTER

2198 MAIN STREET

BREWSTER, MA 02631

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OFFICE OF
HEALTH DEPARTMENT

DISPOSAL WORKS INSTALLER'S PERMIT APPLICATION

FEE: \$110.00

Application for permit to engage in the construction, alterations, installation or repair of any individual sewage system.

1. Full name of applicant: _____
 2. Business name: _____
 3. Mailing address: _____
 4. Business address: _____
 5. Telephone number: _____
 6. Type of business: _____
 7. State your experience in this field: _____
 8. Towns where current licenses are held: _____
 9. Are you familiar with the Massachusetts Sanitary Code Regulations, Title 5: Minimum Requirements? for the Subsurface Disposal of Sanitary Sewage: _____
 10. I understand that no system will be installed until the Health Agent inspects the **over-dig** _____
 11. I understand that no system will be covered until inspected: _____
 12. I understand that any violation of the Health Laws in regard to the installation of a sewage system will Result in the **REVOCATION** of my permit which may mean prosecution or both: _____
 13. This permit will expire December 31, 20 _____
- Applicant signature: _____ Date: _____